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FM AMEMBASSY TALLINN
TO RUEHC/SECSTATE WASHDC 1083
INFO RUEHZL/EUROPEAN POLITICAL COLLECTIVE

UNCLAS SECTION 01 OF 02 TALLINN 000084

COPENHAGEN FOR ESTH OFFICE
DEPT FOR EUR/ACE - DAVID FROMAN

SIPDIS
SENSITIVE

E.O. 12958: N/A
TAGS: [TBIO](#) [SOCI](#) [KHIV](#) [EN](#)
SUBJECT: FIGHT AGAINST TB CONTINUES IN ESTONIA

REFTEL: STATE 17303

¶1. (U) Summary: Embassy Tallinn marked World Tuberculosis (TB) Day with media placements in Russian and Estonian-language newspapers, a site visit to Tartu University Lung Hospital (TULH), and a DVC for Baltic and USG TB experts. Although Estonia remains a hotspot for multi-drug resistant (MDR)-TB in Europe, the government provides quality care for patients with MDR-TB, including drug susceptibility testing for all TB patients. All TB strains are now fingerprinted in Estonia which makes the national TB registry an excellent resource for cooperative research. Two of Estonia's greatest challenges in treating TB are alcoholism and HIV-TB co-infection. Supporting Estonian efforts to prevent, detect and treat infectious disease is a Mission priority. End Summary.

World TB Day Outreach:

¶2. (U) In honor of World TB Day (March 24), Embassy Tallinn coordinated several events designed to increase public awareness of TB in Estonia and improve U.S.-Estonian cooperation.

-- On March 12, the Embassy facilitated participation by Piret Viiklepp, the Head of the Estonian TB Registry, and Kristi Ruutel, an HIV expert from the National Institute of Health Development, in a DVC hosted by USAID and the Centers for Disease Control (CDC). TB Experts from Riga and Vilnius also took part. Baltic participants identified issues of common concern (such as HIV/TB co-infection and alcoholism), highlighted achievements and discussed possibilities for future cooperation with the U.S. and within the region.

-- On March 24, the Embassy facilitated the publication of two newspaper articles dedicated to TB. The Charge d'Affaires published an OpEd in a local Russian-language newspaper (Molodjzh Estonii, 41,000 readers) which gave an overview of TB's global threat and U.S. prevention efforts around the world. The OpEd also praised Estonia's TB screening and treatment procedures and encouraged the GOE to focus more resources on combating MDR-TB. A Tallinn city paper (Linnalet, 125,000 readers) also published an article focused on World TB day, with input from the Embassy. This article highlighted USG contributions over the years toward establishing Estonia's TB registry, training nurses and combating HIV-TB co-infection in Estonia.

-- Also on March 24, Pol-Econ Chief and EST Specialist visited the Tartu University Lung Hospital (TULH), one

of two hospitals where patients with MDR-TB and extensively drug-resistant (XDR)-TB are treated in Estonia. (NOTE: Estonia has a total of six hospitals licensed to provide TB treatment. TULH also oversees Estonia's National TB Program (NTP). End note.) Emboffs met with NTP Program Manager Dr. Kai Kliiman and Directly Observed Therapy System (DOTS) Coordinator Dr. Manfred Danilovits, toured the clinic and discussed possibilities for increased bilateral cooperation.

TB situation in Estonia: successes and challenges

¶3. (U) From 1992-1997, Estonia's TB infection rate almost doubled - peaking at more than 10 times the rate found in neighboring Nordic countries. However, the GOE's effective response through its National TB Programs (first launched in 1998) brought Estonia's infection rate down to 26 cases per 100,000 people in ¶2008. While this rate is still almost twice as high as the EU average, the actual number of cases in Estonia is very small and the disease is very well mapped. In 2008, a total of 441 TB cases were registered in Estonia, including 353 new cases, relapses and retreatment cases. Of the new cases registered, 12.2 percent were MDR (43 cases); of these 4 cases were XDR.

¶4. (SBU) In order to the address the high prevalence of MDR and XTR TB in Estonia, the GOE began implementing the DOTS program in 1999 and DOTS plus (which includes the use of second line anti-TB drugs) in 2001. The latest version of the GOE's National TB

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Strategy (renewed in 2008) aims to reduce TB incidents to 20 cases per 100,000 people by 2012. The strategy places particular focus on addressing the TB epidemic among HIV positive patients (there were 39 cases of HIV/TB co-infection registered in 2008) and controlling the spread of MDR and XDR TB. The focus on HIV co-infection is critical as Estonia has the highest rate of HIV infection in Europe and the mortality rate for patients with HIV/TB co-infection is 20-30 percent higher than average.

¶5. (SBU) In addition to the prevalence of MDR and XDR, treating alcoholics presents one of the biggest challenges for Estonia's TB program. According to Dr. Kliiman, about half of all TB patients in Estonia have problems with alcohol. Kliiman cited the difficulties associated with keeping alcoholics in treatment as one of the primary impediments to Estonia reaching the WHO's target treatment success rate of 85 percent for susceptible TB. (Note: Estonia's rate is stable at 83-84 percent. End Note.) The NTP is considering the use of court-ordered TB treatment for alcoholics, but cannot implement such a policy without changing Estonian legislation. All of our Estonian contacts have expressed interest in sharing best practices in treating TB in alcoholics with U.S. and regional experts.

Opportunities for Cooperation

¶6. (U) Estonia's TB registry was established in 2002 with the assistance of CDC funding and technical support. (Note: A USD 62,000 grant from CDC in 2002 remains the single largest health sector grant from the USG to Estonia. End Note.) This registry does an excellent job of screening and mapping TB cases throughout Estonia. All TB cases are fingerprinted here and the database of information is available as a resource for cooperative TB research with U.S. and other partners.

17. (U) Comment: Helping Estonia prevent, detect and treat infectious disease is a Mission priority. Tallinn's FY11 MSP specifically requested funding to support HIV prevention activities in Estonia. As noted, Estonia not only has the highest HIV growth rate in Europe but HIV-TB co-infection rates are rising. The majority of Estonian HIV cases are among intravenous drug users - a population that is also vulnerable to TB infection. Assistance funds geared toward HIV programs would inherently support Estonian TB efforts. Additionally, while Estonia has a comprehensive TB strategy in place, it would benefit from additional exchanges of information and best practices with the USG on U.S. anti-TB efforts targeted to alcoholism and HIV co-infection. Post is also actively seeking opportunities to promote U.S.-Estonian cooperative research activities using the extensive data from the Estonian TB Registry.

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